CANDIDATE’S EVALUATION OF THE FIELDWORK PLACEMENT

Student’s Last Name ______________________ First _______________________ Date ____________
Student’s Email Address _________________________________ Phone Number __________________
CCNY Course Number _______________ Course Title ________________________________________
CCNY Instructor’s Name _________________________ Semester ________ Year _______ UG ___ G ___
Fieldwork Teacher’s Name _________________________ Class/Subject Observed __________________

School/ Placements Site ________________________________________________________________

Instructions to the candidate: The Office of Clinical Practice would appreciate your input regarding the above fieldwork placement. Please circle the appropriate rating. (e.g. 3= Exceeded Expectations; 2= Met Expectations; 1= Did Not Meet Expectations; N/A=Not Applicable) for each of the items below:

1. The placement met the requirements for my course. 3 2 1 N/A
2. The school’s placement coordinator welcomed me in a professional manner. 3 2 1 N/A
3. The classroom teacher was cooperative and professional. 3 2 1 N/A
4. My experience with the students was enjoyable. 3 2 1 N/A
5. What is your overall rating for this fieldwork placement? (Please explain below) 3 2 1 N/A

Please provide any comments below, especially if one of the above items received a rating of 1 (Did Not Meet Expectations).

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Thank you for your comments regarding this fieldwork placement.